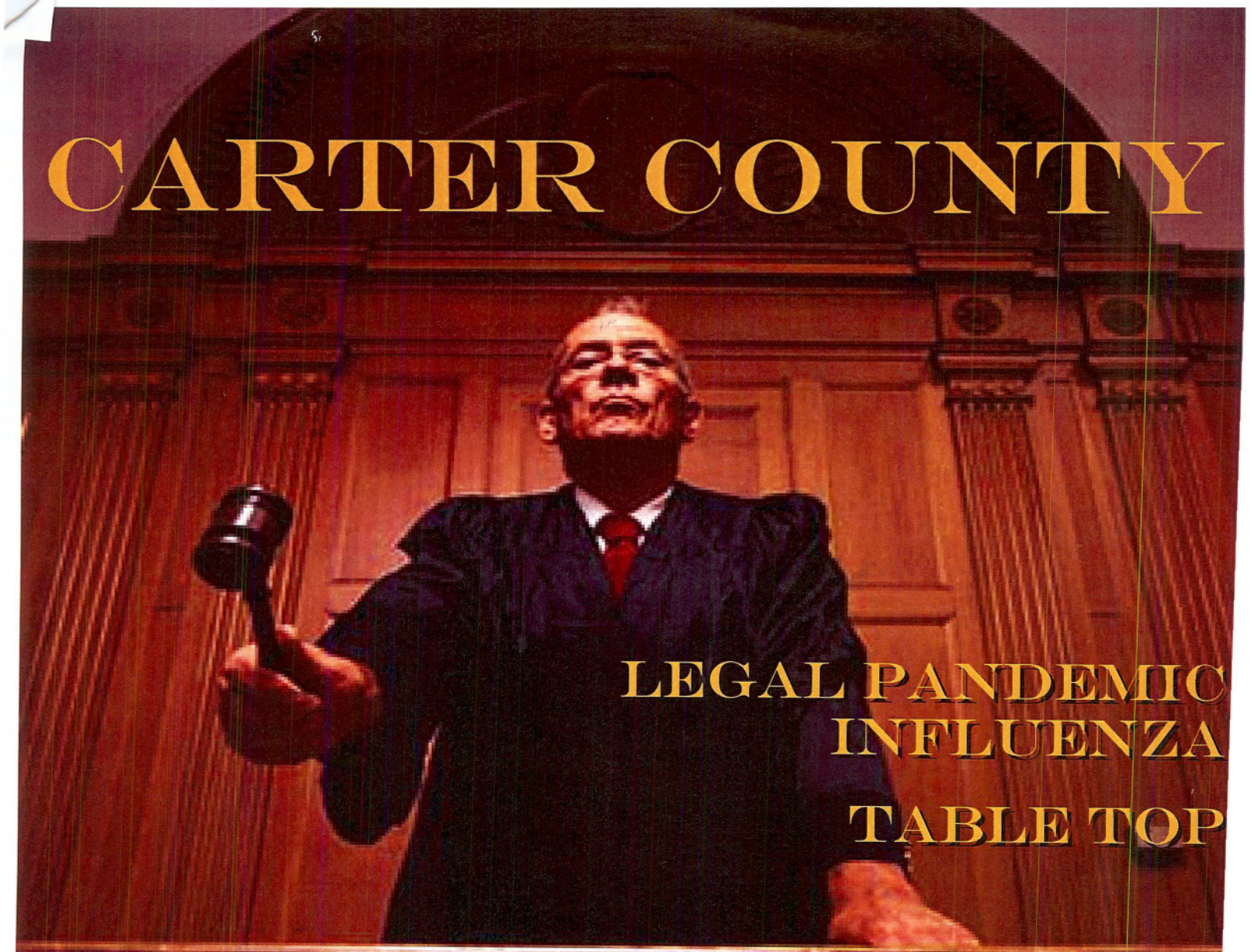
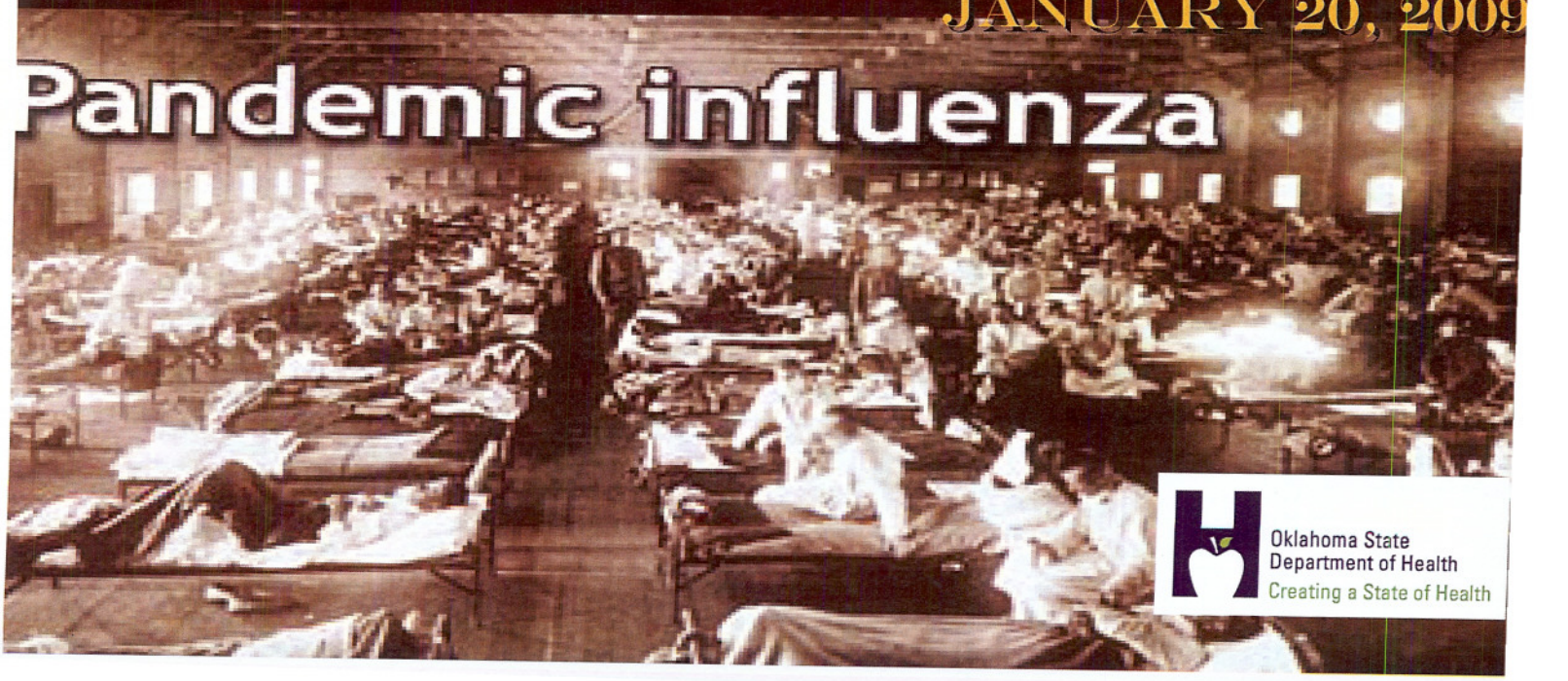
CARTER COUNTY



LEGAL PANDEMIC INFLUENZA TABLE TOP

SITUATION MANUAL

JANUARY 20, 2009



Oklahoma State Department of Health
Creating a State of Health

TABLE OF CONTENTS

Subject	Page
Introduction	**1**
Exercise Schedule	**4**
Narrative	**1-1**
Module 1 Pandemic Locally	**2-1**
Module 2 Pandemic Continues	**3-1**
Module 3 Pandemic Peak	**4-1**
Appendices	
Appendices	**A-1**

INTRODUCTION

Purpose

This exercise gives participants an opportunity to identify current legal plans and capabilities for a response to a Pandemic Influenza event in Carter County. The exercise will focus on the aspects and issues of legal authority within the judicial system of Carter County and the State of Oklahoma during a Pandemic Influenza event. Additionally, consideration will account for actions taken by key local emergency responders for coordination, critical decisions, and the integration of assets necessary to save lives and protect public health following a Pandemic Influenza event. The role of public information strategies will be critical to the overall response effort.

Scope

This exercise emphasizes the role of assets from within Carter County and external sources in response to the potential consequences of a pandemic event. **Processes and decision making are more important than minute details.**

Design Objectives

Exercise design objectives are focused on improving understanding of a response concept, identifying opportunities or problems, and/or achieving a change in attitude. The exercise will focus on the following design objectives selected by the Exercise Planning Team:

- Identify the roles and responsibilities of local decision makers in Carter County.
- Identify the legal aspects of Pandemic Influenza planning.
- Assess the validity of the Carter County Bench Book in reference to a pandemic influenza event.
- Identify the next steps in the planning process

Exercise Structure

This will be a multimedia facilitated Tabletop Exercise (TTX). Players will respond to the following scenario modules:

Narrative

Module 1- Pandemic Locally

Module 2- Pandemic Continues

Module 3- Pandemic Peak

Exercise Format

Each module begins with a situation briefing or update presented to the plenum.

Following each situation update, players will utilize a caucus period to review the module, and discuss the suggested questions at the end of each module as well as the relevant response issues. Players should feel free to ask questions of other players. A facilitator will moderate this facilitated discussion period. At the end of the facilitated discussion, exercise facilitators will highlight key elements of each response phase.

Roles and Responsibilities

Players respond to the situation presented based on expert knowledge of response procedures, current plans and procedures, and insights derived from training and experience.

Observers support the functional groups in developing responses to the situation in the caucus sessions; however, they do not participate in the moderated discussion period.

Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key planning team members will also assist with facilitation as Subject Matter Experts (SME) during the tabletop exercise.

Evaluators will not participate in the discussion periods, but will be present for the duration of the exercise in caucus groups and plenum sessions gathering data and writing notes about the players responses in order to provide feedback for the exercise After Action Report (AAR).

Assumptions and Artificialities

In any exercise, a number of assumptions and artificialities may be necessary to complete play in the time allotted. During the exercise, the following apply:

- The scenario is plausible, and events occur as they are presented.
- There are no hidden agendas or trick questions.
- All players receive information at the same time.

Exercise Rules

There is no school solution. Varying viewpoints, even disagreements, are expected. This is intended to be a **safe, open, stress-free environment.**

- Respond based on your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from training and experience.
- Your organizations positions or policies do not limit you. Make your best decision based on the circumstances presented.
- Decisions are not precedent-setting and may not reflect your organizations final position on a given issue. This is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts. Problem-solving efforts should be the focus.

- Assume cooperation and support from other responders and agencies.

- The situation updates, written material, and resources are the basis for discussion. There are no situational injects.

Additional Resources

During the exercise, you may need some specific information to assist you in making a decision. The appendices to this Situation Manual (SITMAN) contain additional information you may use in your discussion. As you participate, draw on your experience and knowledge of how Federal, State, and local agencies work together in an emergency response situation.

EXERCISE SCHEDULE

1300	**Registration**
1330	**Welcome and Introduction**
1345	**Narrative**
1400	**Module 1 Pandemic Locally**
	Situation Briefing
	Facilitated Discussion
1450	**Module 2 Pandemic Continues**
	Situation Briefing
	Facilitated Discussion
1540	**Module 3 Pandemic Peak**
	Situation Update
	Facilitated Discussion
1630	**Hot Wash**
1645	**Review and Conclusion**
1655	**Closing Comments**

MODULE 1 PANDEMIC LOCALLY

Background Narrative

In Mid-November of 2008, an outbreak of unusually severe respiratory illness is identified in a small village in Indonesia. At least 25 cases have occurred, affecting all age groups; 20 patients require hospitalization, 5 of whom died. Surveillance in surrounding areas has increased, and new cases are being identified throughout the area. Viral cultures collected from several of the initial patients are positive for type A influenza virus. The isolates were sent to the World Health Organization (WHO) Reference Center for influenza at the Centers for Disease Control and Prevention (CDC) in Atlanta, for further characterization. CDC determined that the isolates are type A H5N1, a subtype rarely before isolated from humans. The H5N1 virus has not had sustainable person to person transmission in the world up to this date. This information is immediately transmitted back to the Indonesian Ministry of Health, and throughout the WHO network. CDC dispatches a team of epidemiologists and laboratory personnel to further study the disease, and notifies quarantine stations and large hospitals at major United States ports of entry to be on the alert for arriving passengers with severe respiratory illness. Isolates of the new strain are sent to the Federal Drug Administration (FDA) to begin work on producing a reference strain for vaccine production, and influenza vaccine manufacturers are placed on alert, fearing a pandemic potential exists with this new virus. The novel influenza virus begins to make headlines in every major newspaper, and becomes the lead story on major news networks. Key United States government officials are briefed on a daily basis as surveillance is intensified throughout Southeast Asia. By the beginning of December, outbreaks have begun to appear in Thailand, Viet Nam, Hong Kong, Korea and Japan. Although cases are reported in all age groups, young adults appear to be the most severely affected, and case-fatality rates approach 5%. Widespread anxiety begins because vaccine is not yet available and supplies of antiviral drugs are severely limited. In early January, the CDC reports that the H5N1 virus has been isolated from ill airline passengers arriving from Bangladesh and Hong Kong in Los Angeles, Honolulu, Chicago, Miami, and New York. State and local agencies are asked to intensify influenza surveillance activities and vaccine manufacturers are requested to go into full production. It is now mid January and local outbreaks have been reported in cities throughout the United States. Multiple families who live in Carter County traveled to Hawaii for the Hawaii Bowl in late December to watch Notre Dame play against Hawaii. In Carter County, the impact has begun to be felt in earnest. Best estimates from surveillance of clinics and the hospital are that approximately 5% of the population is showing influenza like illness at this time with 30% of those seeking medical care

Pandemic Locally

- Phones at physician offices and the health department begin to ring constantly. More people are seeking medical care than actually need it due to fear about the new strain of virus.
- Rates of absenteeism in schools and businesses begin to rise. Similarly, personnel in key positions (health care, law enforcement, and other emergency personnel) are absent due to illness or caring for ill family members.
- The impact is being felt even more severely at Southern Oklahoma Technology Center and the Carter County Jail because this virus is affecting young adults more than other age groups. In the student population, absences appear to be in the 35 - 45% range already and over half of the inmates are ill.
- Nationwide, exaggerated accounts of illness are reported by the media. Citizens begin to clamor for the vaccine, but national projections are that only 20% of the estimated needs will be available each month for the next five months.

- The county has been allotted and has received a small supply of vaccine and antivirals from the Oklahoma State Department of Health (OSDH). CDC has defined the order of priority of populations to receive the vaccine, starting with personnel in health care, public health, community safety / security, and telecommunications.
- Angry phone calls to elected officials reflect a frustration and lack of understanding about why the limited vaccine is being targeted only at certain personnel and not distributed to the general public.
- Recommendation from public health is to begin voluntary social distancing measures.

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Discussion

1. What actions are being taken in Carter County at this point? Public Health? Medical? Law Enforcement?
2. What legal authority do public health officials have at this point? How are responsibilities for decision making roles determined?
3. What measures are being taken at this point from the county level? State level?
4. What laws are currently in place to support the recommendations?
5. Are there any local provisions to address this issue?
6. Who is affected by these decisions?
7. What other planning issues need to be addressed at this time?

8. Will schools be closed and public gatherings/events will be canceled? Who makes this decision? What guidance or policy is in place to support this decision?
9. What essential services must be maintained in the county? How will resources be allocated and accounted for in order to maintain these services? Who decides these issues?
10. Hospital capacity is being rapidly (if not already) exceeded, how is their status being monitored? What approaches to alternate or expansion of capacity will be used in Ardmore?

MODULE 2 PANDEMIC CONTINUES

Carter County is continuing to be affected by the Pandemic event. The pandemic is in the first wave.

- All aspects of life in Carter County are being affected.
- Public Health Administrator is requesting all supplies of antiviral medications in local pharmacies. Law Enforcement will be sent to pickup within next 3 hours.
- Administrator has requested closure of local school systems.
- Public is not listening to recommendations of health administrator.
- Business is booming at the movie theatre.
- Carter County Convention Center is still holding previously scheduled events.
- Boys and girls basketball games are occurring twice a week.
- Medical professionals are not reporting to work due to ill family members and fear.
- Carter County Medical Reserve Corps has been activated but not enough volunteers are available.

Discussion

1. Can the local municipality handle this event at the local level? If not, what actions need to be taken at this point?
2. How would the lack of compliance be addressed?
3. What is your authority to acquire more resources (medical supplies, security, personnel, etc.)?

MODULE 3 PANDEMIC PEAK

It is now late January, several weeks later. Carter County is overwhelmed by the number of influenza cases.

- Although surveillance is sketchy, rough estimates of the number ill with influenza are 30 - 40% of the population.
- There are currently approximately 250 people needing hospitalization.
- The hospital and clinics are extremely short-staffed with 30 - 40% of physicians, nurses and other health-care workers absent due to illness, caring for family members, or simply fear for their safety. The intensive care unit at the local hospital is overwhelmed, and soon there is a shortage of mechanical ventilators for treatment of patients with severe respiratory syndromes or postoperative needs.
- New illness is continuing to rise.
- Health Administrator has requested quarantine of several individuals due to lack of compliance to voluntary quarantine requests.
- Law enforcement, emergency medical personnel, health care, and local utility companies (power and water) also have personnel shortages in the range of 30 - 40%, resulting in some cutbacks in routine services.
- Grocery stores are suffering shortages of food supplies due to the nationwide impact of ill truckers who deliver those supplies.
- Food deliveries are being hijacked, including delivering door to door/homebound.
- EMS is not able to respond to all calls coming in.
- Many area residents (particularly those with chronic, unstable medical conditions) are afraid to venture out for fear of becoming seriously ill with influenza. Hundreds are staying home and their essential supplies, such as food, are becoming depleted.
- Family members are distraught and outraged when loved ones die within a matter of a few days. Funeral homes are overwhelmed by the numbers of dead (approximately 100 in the last three weeks) and are unable to keep up with the need for services.

Discussion

1. How do you secure food and medication supplies and delivery?
2. What are the enforcement procedures (i.e. Court Orders Rules of Engagement)?
3. What public information/risk communication is being conveyed?
4. How will the deceased be cared for?
5. How do cultural concerns effect disposition of the deceased?
6. Is Health Administrator authorized to issue quarantine? Who is responsible to maintain care of these individuals?
7. How is the quarantine enforced?

APPENDICES

1. Carter County Pandemic Influenza Plan (Public Health Responsibilities)
2. District Court Twentieth Judicial District Pandemic Influenza Bench Book
3. Catastrophic Health Emergency Powers Act
4. Oklahoma Statute Section 1-106 - State Commissioner of Health - Qualifications - Powers and Duties
5. 63 Oklahoma Statute Supp. 2008, § 1-504- Local Health Officer Quarantine
6. Oklahoma Public Health Emergency Law reference slides